

**Performance Report
Waste Tire Enforcement Grant, TEA**

Performance Report - Cover Page

Grantee Name _____

Grant Number TEA

Report Period (mark the appropriate reporting period)

☐ Mid-Year Report
June 30 - December 31

☐ Final Report
January 1 - June 30

☐ Other Reporting Period
Dates: _____

Items included with this Performance Report: (mark all that apply)

- | | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Performance Report Summary (required) |
| <input type="checkbox"/> | Performance Narrative (as needed) |
| <input type="checkbox"/> | Request to revise approved budget or activities (optional) |
| <input type="checkbox"/> | Payment Request (CalRecycle 87) and supporting documents (required) (mark all that apply) |
| <input type="checkbox"/> | Hourly Personnel Rate Documentation |
| <input type="checkbox"/> | Expenditure Itemization Summary |
| <input type="checkbox"/> | Personnel Expenditure Summary |
| <input type="checkbox"/> | Surveillance Form(s) (required if surveillance was performed) |
| <input type="checkbox"/> | Travel expense logs (required if Travel and Per Diem costs are claimed) |
| <input type="checkbox"/> | Car mileage logs, operating cost invoices, etc. (required if transportation costs are claimed) |
| <input type="checkbox"/> | Invoices, receipts, etc. for equipment, supplies, services and materials (required if purchases, services, and other expenses are claimed) |

The statements and conclusions of this Report are those of the Grantee and not necessarily those of the Department of Resources Recycling and Recovery (CalRecycle), its employees, or the State of California (State). The State makes no warranty, express or implied, and assumes no liability for the information contained in the succeeding text.

I certify, under penalty of perjury under the laws of the State of California, that the information contained in this Performance Report is true and correct to the best of my knowledge, and that all Grant activities are in accordance with the approved agreement for CalRecycle Grant funding.

*Signature of Signature Authority / Authorized Designee
(as authorized in Resolution or Letter of Delegation-LOD)*

Date

Printed Name and Title

Contact Person Printed Name and Title

Area Code - Phone Number

E-Mail Address

Waste Tire Enforcement Grant, TEA

Performance Report Summary Statistics and Narrative

NOV Compliance

Number of Notices of Violation (NOVs) issued

Number of sites brought into compliance after NOVs were issued

Number of sites referred to the CalRecycle for enforcement action (***must complete and submit CalRecycle Referral Form 228 for each referral***)

Date:	Date:	Total

Surveillance & Enforcement

Hours spent patrolling

Number of unregistered haulers identified

NOTE: Include in the Performance Report a copy of any NOVs issued to unregistered haulers.

Number of illegal tire piles (>500 tires) identified

Number of illegal tire piles (<500 tires) identified

Total quantity of illegally dumped tires found

Total number of illegal tire piles remediated:

by owner/operator/RP

by CalRecycle or CalRecycle Grants

by Public Agency

Number of waste tire piles referred to CalRecycle

Number of tires cases prosecuted by Grantee's District Attorney, City Attorney or County Counsel

State of California
CalRecycle 737-PR-TEA (New 7/11)
Department of Resources Recycling and Recovery (CalRecycle)
List names of illegal facilities and haulers being prosecuted by Grantee's District Attorney, City Attorney or County Counsel:

Education

Date
Conducted

Number of
Attendees

Description of Education events conducted:

Grantee Training

Date
Attended

Number of
Attendees

Description of Training attended:

Narrative:

Attach narratives as needed to further describe Grant activities performed and highlight significant compliance issues.